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**FILE IN DUPLICATE  
CLAIMS AND ATTACHMENTS**

**United States Bankruptcy Court**

**District of Idaho**

**PROOF OF CLAIM**

**In re (Name of Debtor)**

**LEWANDOWSKI, SHARON A**

**Case Number**

**00-01480**

NOTE: This form should not be used to make a claim for an admin. expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

**US BANKRUPTCY COURT  
CLERK OF THE BANKRUPTCY COURT  
550 West Fort MSC 042  
Boise, ID 83724**

**DOF 20000614**

**Chapter 13**

**Name and Address Where Notices and Payments Should be Sent**

**Direct Merchants Credit Card Bank, N.A. ®  
4848 S. 129th East Ave  
Tulsa, OK 74134-7001  
Telephone No. 1-800-843-4881**

**Name of Creditor**

*(The person or other entity to whom the debtor owes money or property)*

**Direct Merchants Credit Card Bank, N.A.**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

**ACCOUNT NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:**

**5458000130183813**

**1. BASIS FOR CLAIM**

- ☐ Goods sold  
☐ Services performed  
☒ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☐ Other (Describe below)

Check here if this claim

replaces

amends

a previously filed claim, dated: \_\_\_\_\_

Retiree benefits as defined in 11 U.S.C. § 1114(a)  
Wages, salaries, and compensation (Fill out below)

Your social security number \_\_\_\_\_

Unpaid compensation for services performed

from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2. DATE DEBT WAS INCURRED**

**5/1/95**

**3. IF COURT, JUDGMENT, DATE OBTAINED:**

**4. CLASSIFICATION OF CLAIM.**

Under the Bankruptcy Code all claims are classified as one or more of the following: (1) unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for a claim to be in one category and part in another.

**CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.**

**SECURED CLAIM \$** \_\_\_\_\_

Attach evidence of perfection of security interest Brief  
Description of Collateral:

Real Estate Motor Vehicle Other (Describe Briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$

☒ **UNSECURED NONPRIORITY CLAIM** \$2,100.32

A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

**UNSECURED PRIORITY CLAIM \$** \_\_\_\_\_

Specify the priority of the claim.

Wages salaries, or commissions (up to \$4000), \* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4)

Up to \$1,800\* of deposits toward purchase, lease, or rental of property or services to personal, family, or household use—11 U.S.C. § 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child—11 U.S.C. § 507(a)(7)

Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8)

Other—specify applicable paragraph of 11 U.S.C. § 507(a) \_\_\_\_\_

\* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5. TOTAL AMOUNT  
OF CLAIM AT TIME  
CASE FILED:**

\$2,100.32

(Unsecured)

\$

(Secured)

\$

(Priority)

\$2,100.32

(Total)

**6. CREDITS AND SETOFFS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes debtor.

**7. SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8. TIME STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

**July 25, 2000**

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

*Irene Mutitu*

Irene Mutitu, Bankruptcy Clerk

THIS SPACE IS FOR  
COURT USE ONLY

14